STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF MOTOR VEHICLES

BUREAU OF MOTOR CARRIER SERVICES

Neil Kirkman Building • Tallahassee, Florida 32399-0624

APPLICATION FOR LICENSE PLATE/VESSEL REGISTRATION OR DECAL REFUND/CREDIT

(Authorization -- Section 215.26 or 320.072, Florida Statutes)

The registration certificate and this application must be submitted to the Division of Motor Vehicles, Tallahassee, Florida, where the refund/credit will be issued. The license <u>plate/registration/decal</u> must also be submitted with the above or turned in to the Tax Collector's Office for cancellation

This is to certify that	t the motor vehicle/vess	el described below is or w	as registered in my name.
Year Make	Туре	Vehicle/Vessel Identification N	umber Title # or FL # or Tag #
CHECK REASON FOR REFUND/CRE	EDIT APPLICATION		
□Vehicle/Vessel/Mobile Home Sold (Submit proof of disposal) (Section 320.15, Florida Statutes, no provision for prorata refund)			
License Plate/Decal Purchased in Error (Submit copy of registration and a detailed explanation as to what error occurred)			
☐ Mobile Home/Travel Trailer De (Submit photocopies from the Property A Declaration of Mobile Home/Travel Trail	Appraiser's Office of current RP regis		
☐ Two License Plates/Registration (Submit photocopy of current registration for Permit (TOP) has been purchased and a received prior to applying for refund.	for license plate/vessel/decal being retail	ned and indicate license plate/decal/vehicle	e registration number below) If a Temporary Operational has been submitted, IRP plate and cab card must be
TRANSFERRED TO SAME VEHICLE, S	SUBMIT A COPY OF THE REGIST	TRATION FOR THE NEW LICENSE F	CENSE PLATE/DECAL HAS BEEN OR CAN BE PLATE, A COPY OF THE REGISTRATION FOR IE REGISTRATION AFTER TRANSFER.
☐ Initial Registration Fee (\$100. (Submit copy of registration indicating fe owned vehicle disposed of; for example,	e paid within the last 3 months and s	submit proof of the vehicle/previously- ill of sale)	DMV OFFICIAL USE ONLY
Other (Please attach a detailed exp			
License Plate Number/ Registration Number	License Plate Nu Registration Num		
Currently In Use	Being Surrende	ered	
and/or Decal	and/or Decal		Initials:
Expiration Date	Expiration Date		
PLEASE PRINT OR TYPE CLEARLY, THIS INFORMATION WILL BE USED TO MAIL YOUR REFUND CHECK Name of Registered Owner			
Street Address]
Officer Address			
City		State ZIP Code	
(Copies of registration(s) showing	taxes paid must be submitted	d with this refund/credit form)	
Signature of Registered Owner		Date	
Signature of Registered Owner		Date	Initials:
	TAX COLL	ECTOR AFFIDAVIT	
License Plate Number/Registration Number	Decal Nu	mber Expiration	Date Class Code
Gross Vehicle Weight, Length or New Weight	Date Rec	eived	County/Agency Number
(If the refund requested is due to Tax Collector error, please attach a detailed explanation on Tax Collector's letterhead paper.)			
By:	Tay Callacta	or's Name Stamp, Seal or Signature	